



The Office of Secretary of State

Brian P. Kemp
SECRETARY OF STATE

Refund Requests

Tanja D. Battle
DIRECTOR

Date of Request: _____ Date of Transaction: _____

Original Amount Paid: _____

Payment Method: _____ Check or _____ Credit Card

Invoice #: _____

Amount to be Refunded: _____

Control #: _____

Entity Name: _____

Reason(s) for refund request:

Contact Information:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____

Email address: _____

Requestor's Signature: _____

Refund requests are valid only if submitted within 24 months of the original date of payment and all supporting documentation is attached.

Please allow 30 business days for processing

Please complete and return with any supporting documents by emailing to Tanjab@sos.ga.gov or faxing to 478.314.9162. Should you choose to mail your request, please send it to the address listed below.